

**TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE**
(301) 305-5483

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	7					
TOTAL DEP.	10					
TOTAL CLAIMS	17					

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL CLAIMS				